



Transcript Request Form

**There is a charge of \$5.00 per official copy of a transcript
Please allow one week for processing**

Student Information -- Please print

Name _____ Former Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Program or Class _____ Last year attended _____ email: _____

Request #1

Mail Transcript To or Pick Up (date) _____

- Sealed Copy
- Hold for current semester's grade
- Hold until Certificate is recorded
- Unofficial Transcript
- Fax Unofficial Transcript to:
Fax _____

School/Organization _____

Address _____

City _____ State _____ Zip _____

Request #2

Mail Transcript To or Pick Up (date) _____

- Sealed Copy
- Hold for current semester's grade
- Hold until Certificate is recorded
- Unofficial transcript
- Fax Unofficial Transcript to:
Fax _____

School/Organization _____

Address _____

City _____ State _____ Zip _____

Transcripts will not be provided for students with financial obligations to Pickens Technical College or any community college.

Pursuant to provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380, I grant permission for release of my academic record as indicated.

Direct Inquiries to:

Transcripts
Pickens Technical College
500 Airport Blvd.
Aurora, CO 80011
Attn: Dianna White
Phone: 303-326-2071
Fax: 303-326-1965
Email: dlwhite@aps.k12.co.us

If paying by debit/credit card over the phone, signature on this form is authorization for use of such card. Please call cashier at 303-344-4910, ext. 27736 or 27727 and provide over the phone: student name, credit card #, amount of payment, credit card billing zip code, name on the credit card.

Signature _____ **Date** _____

Office Use Only

Copies Requested _____ Amount Paid _____ Initials _____